MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIALN	0.
1,0	1588 ()35
10	150000
APPLICA	YT(S)

FILING DATE

CLAIMS

						C	
ł	AS FILED		AFTER		AFTER		
1		AS FILED		I"AMENDMENT		2 [™] AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2		L_		1			
3		2		1			
4	ļ	3		1			
5							
7				11			
8		(1)		-			
9		77					
10		(1)		-			
11							
12							
13							
14							
15							
16							
17	· .						
18							
19							
20							
21 22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32			· .				
33							
34							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50 TOTAL							
IND.		♣	1	4		#	
TOTAL DEP.		(9	4		4	
TOTAL CLAIMS			TO				
	· · · · · · · · · · · · · · · · · · ·			A PAGE T	- 5	necessary.	

	AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	4	1000	1112.	D.L.	11120	DEL.
52						
53						
54	ļ	ļ	•	[
55	_		 			
56	 	 	<u> </u>			
58	} ∤	 	 		 	
59			 		<u> </u>	
60	1					
61						
62						
63						
64						
65	 			L		
66	 		 			
67	 		 	ļ	 	ļ
69	 				ļ <u>-</u>	
. 70		-			ļ	
71					l	
72					<i>p</i> .	
73						
74						
75						
76						
77			·			
78						
79 80	 		j		— —	
81	 				 	
82	h					
83						
84						
85						
86						
87						
88						
89	/					
90	 					
91 92	J					 -
92						
93	 					
95	· · ·					
96						
. 97						
98						
99						***************************************
100						
TOTAL IND.		1		+		+
TOTAL DEP.		(=		(-		4 _
TOTAL						
CLAIMS		LS. DEPART		MMERCE		

PTO . 1360 (REV 11/04)

U.S. DEPARTMENT of COMMERCE